

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION TO PROVIDE RADON TRAINING COURSES

1. TYPE OF APPLICATION: ☐ **INITIAL** ☐ **RENEWAL**

If Renewal, current certification number: **RTC-**_____

2. APPLICANT:

Facility Name:_____

Facility Director: _____

Street: _____ Telephone No. _____

City/Town: _____ State: _____ Zip: _____

Mailing Address if Different: _____

3. THE APPLICANT IS:

☐ An Individual ☐ A Corporation ☐ A Partnership

☐ An Unincorporated Association _____ Other (Specify)

4. RADON TRAINING COURSE (S) SUBMITTED: (Check all applicable items.)

☐ 32 Hour Initial Radon Mitigation Specialist

☐ 16 Hour Initial Radon Measurement Consultant.

Attach documentation to demonstrate compliance with the appropriate sections of the Rhode Island rules and Regulations for Radon Control. Each attachment must clearly identify the specific paragraph(s) being addressed.

5. LICENSURE/AUTHORIZATION IN OTHER JURISDICTION:

Indicate all other federal, state or local jurisdictions in which the applicant currently has certification or other authorization to conduct each of the radon training courses identified in Item 3. Attach copies of all such licenses and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conjunction with a radon training course provided by the applicant and/or any principal in the applicant's organization? () Yes () No

If yes, provide details.

7. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN) or
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

PLEASE NOTE: If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

8. FEES:

A fee of two hundred twenty-five dollars (\$225) plus seventy-five dollars (\$75) for each additional training course provided must accompany the application.

Send completed application, attachments, and the appropriate fee(s)* payable to GENERAL TREASURER, STATE OF RHODE ISLAND to:

**Rhode Island Department of Health
Office of Occupational and Radiological Health
3 Capitol Hill, Room 206
Providence, Rhode Island 02908-5097**

***fee must be paid by check or money order.**